



## Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

02/25/2010

Michael Hirst, Terminal Manager  
Freehold Cartage Inc  
175 Bartow Municipal Airport  
Bartow, FL 33830-

The Hazardous Waste Regulation Section has reviewed your application for a hazardous waste DEP/EPA Identification Number. Based on the information received you must use the following identification number for all manifests or reports for Freehold Cartage Inc located at **175 Bartow Municipal Arprt, Bartow.**

**FLD984187831**

Your facility has been registered with the following requested status/activities:

**HW Transporter, HW Transfer Facility, Small Quantity Generator  
Oil Filters, Used Oil Transporter & Transfer Facility  
, Universal Pharmaceutical Transporter  
Universal Battery Transporter, Universal Lamp Transporter, Universal Device  
Transporter**

**THIS LETTER IS NOT AN APPROVAL TO TRANSPORT HAZARDOUS WASTE OR USED OIL OR UNIVERSAL WASTE OR TO OPERATE A HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY OR A UNIVERSAL WASTE OR USED OIL PROCESSING FACILITY OR LARGE QUANTITY HANDLER. PLEASE CONTACT THE DEPARTMENT FOR COMPLETE REQUIREMENTS FOR HAZARDOUS WASTE OR USED OIL TRANSPORTERS, UNIVERSAL WASTE HANDLERS, USED OIL PROCESSING FACILITIES, AND TSDS.**

You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status or contact information. For further assistance, please call the Notification Coordinator at (850)245-8760 or (850)245-8772 or (850)245-8706.

Sincerely,

for Michael Redig

Michael X. Redig  
Environmental Manager  
Hazardous Waste Regulation Section

ME ID: 16638 , Email Address: [mhirst@freeholdcartage.com](mailto:mhirst@freeholdcartage.com)

Link: [http://appprod.dep.state.fl.us/www\\_RCRA/Reports/handler\\_results.asp?epaid=FLD984187831](http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD984187831)

# FREEHOLD CARTAGE INC

ID: [8467](#) EPA: [FLD984187831](#) City: BARTOW County: Polk

[« Back to main page](#)

8700-12 Submitted As: HWG RHWT ✓ RMH RUOH

Logged in as [Noland\\_T](#) [\[Logout\]](#)

## Related Documents

DocLog-ID	PreIndex#	Received Date	Day in Process	Change Request	Checked Out
<a href="#">8468</a>	<a href="#">395017</a>	<a href="#">2/9/2010</a>	16	Used Oil Training Manual	<a href="#">Graves_A</a>

HWR : [mhirst@freeholdcartage.com](mailto:mhirst@freeholdcartage.com) UOP : [mhirst@freeholdcartage.com](mailto:mhirst@freeholdcartage.com) HWT : [mhirst@freeholdcartage.com](mailto:mhirst@freeholdcartage.com) MP : [jackfitz@freeholdcartage.com](mailto:jackfitz@freeholdcartage.com)

Program Area	Process	Date	Author
<b>HWG</b>			
HWG	Logged	2/9/2010 10:38:14 AM	Sullivan_TA
HWG	Completeness Review	2/25/2010 2:25:39 PM	Noland_T
HWG	Data processing	2/25/2010 2:25:55 PM	Noland_T
<b>RHWT</b>			
RHWT	Withdrawn	2/18/2010 8:13:21 AM	Bolton_S
<b>RMH</b>			
RMH	Final reviewed	2/16/2010 2:15:20 PM	Tenace_L
RMH	Notification Letter Emailed	2/16/2010 2:18:29 PM	Tenace_L
RMH	Booked into Oculus	2/16/2010 2:18:35 PM	Tenace_L
<b>RUOH</b>			
RUOH	Data processing	2/25/2010 2:14:10 PM	Noland_T
RUOH	Data processing	2/25/2010 2:14:18 PM	Noland_T
RUOH	Completeness Review	2/25/2010 2:14:29 PM	Noland_T

HWG  Final reviewed  2/25/2010 2:28:41 PM or  Noland\_T  [Add new process](#)

Date	Comment	Program Area	Author
2/25/2010 2:26:28 PM	Spoke w/facility-they are still a SQG	HWG	Noland_T
2/18/2010 8:13:17 AM	HWT expires 10/01/10.	RHWT	Bolton_S
2/24/2010 5:49:51 PM	UO Transporter Training Manual Approved	RUOH	Graves_A

Add new comment

Noland\_T  [Add comment](#)



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772

Date Received (for FDEP Official Use Only)

RECEIVED

EPA ID F L D 9 8 4 1 8 7 8 3 1

MTS

RCRAInfo

1. Reason for Submittal

Mark 'X' in correct box:

- To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
To provide subsequent notification (to update status and facility identification information).
Is this the final notification (see instructions) for the facility?

2. Facility or Business Name

FREEHOLD CARTAGE INC

FEID No.

2 1 0 7 3 5 2 9 7

3. Facility Operator (List additional Operators in the comments section).

Name of Operator:

FREEHOLD CARTAGE INC

New Operator

Date became Operator: / / mm dd yy

Street or P.O. Box: 175 BARTOW MUNICIPAL AIRPORT

Phone Number: 863-533-4599

City or Town: BARTOW

State: FL

Zip Code: 33830

Operator Type: Private Federal Municipal State Other

4. Facility Physical Location Information

Physical Street Address:

175 BARTOW MUNICIPAL AIRPORT

City or Town: BARTOW

State: FL

Zip Code: 33830

County: Polk

If available, please attach a map or sketch of the facility boundaries.

Latitude: 27 57 15 Longitude: 81 46 40 Method: Datum:

5. Facility North American Industry Classification System (NAICS) Code(s)

A. 56212

B. 562119

C.

D.

6. Facility or Business Mailing Address

Street Address or P.O. Box: 175 BARTOW MUNICIPAL AIRPORT

City or Town: BARTOW

State: FL

Zip Code: 33830

7. Facility or Business Contact Person

First Name: MICHAEL

Last Name: HIRST

Title: TERMINAL MGR.

Phone Number: 863-533-4599

Extension: 106

E-Mail: mhirst@freeholdcartage.com

Street or P.O. Box: 175 BARTOW MUNICIPAL AIRPORT

City or Town: BARTOW

State: FL

Zip Code: 33830

8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments section.)

Name of Real Property (Land) Owner:

Bartow Municipal Airport Development Auth.

New Owner

Date became Owner: / / mm dd yy

Street or P.O. Box: PO BOX 650

Phone Number: 863-533-1195

City or Town: BARTOW

State: FL

Zip Code: 33830

Owner Type: Private Federal Municipal State Other

## 9. Type of Regulated Waste Activity ( Mark 'X' in all that apply):

## A. Hazardous Waste Activities:

For Items 2 through 7, mark 'X' in all that apply.

## (1) Generator of Hazardous Waste

(Choose only one of the following three categories.)

- a. Large Quantity Generator (LQG):  
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- b. Small Quantity Generator (SQG):  
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- c. Conditionally Exempt SQG (CESQG):  
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities that apply.

- d. United States Importer of hazardous waste
- e. Mixed Waste (hazardous and radioactive) Generator

## (2) Treater, Storer, or Disposer of Hazardous Waste

(at your facility) Note: A hazardous waste permit may be required for this activity.

- a. Operating Commercial TSD
- b. Operating Non-commercial TSD
- c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

(3)  Recycler of Hazardous Waste (at your facility)Specify:  Commercial;  Non-Commercial.

A permit is required for storage prior to recycling.

(4)  Exempt Boiler and/or Industrial Furnace

- a. Small Quantity On-site Burner Exemption
- b. Smelting, Melting, and Refining Furnace Exemption

(5)  Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.(6)  Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.

- (7)  Transporter of Hazardous Waste [ Note: A Certificate of Liability Insurance is required along with this registration.]  
Registration must be renewed annually.  a. For own waste only  b. For commercial purposes

## c. Hazardous Waste Transporter Insurance Information

Insurance Company ZURICH AMERICAN INSURANCE COMPANY Address CHICAGO, IL 60693

Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Policy Number TRK368118909 Expiration date 10/01/2010

- d. Transportation Mode  Air  Rail  Highway  Water  Other - specify \_\_\_\_\_

- e.  Hazardous Waste Transfer Facility: Storage Volume 400 DRUMS

 Initial notification

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]

 Notification of changes in above items Annual update notification

**B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):**

- Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
  - Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
  - Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
  - Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
  - Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
  - Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
  - Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
  - Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10,000LBS. <input type="text"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10,000 LBS. <input type="text"/>
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5,000 LBS. <input type="text"/>
e. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5,000 LBS. <input type="text"/>

**(3) Mercury Recovery and/or Reclamation Facility**  Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]  
[Chapter 62-737, F.A.C.]

**(4) Reverse Distributor of UW**  Pharmaceuticals  Lamps  Devices

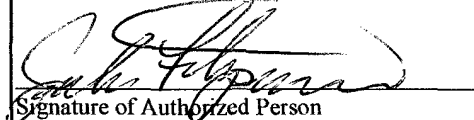
**(5) Destination Facility for UW**  Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

**C. Used Oil Activities:**

- (1) Used Oil Transporter - indicate type(s) of activity(ies):**
- a. Transporter
  - b. Transfer Facility
- (2)  Collection Center**
- (3)  Used Oil Processor** (A permit is required for this activity.)
- (4)  Off-Specification Used Oil Burner**
- (5)  Used Oil Fuel Marketer**
- (6) Used Oil Filter**
- a. Transporter
  - b. Transfer Facility
  - c. Processor
  - d. End User

**(8) Specific Certification to be signed by all Used Oil Transporters**

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.



Signature of Authorized Person

Jack Fitzsimmons

Print Name of Authorized Person

**(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.**

A check is enclosed.

**(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):**

- our mailing (business) address
- The site (facility) address

EPA ID No.

FLD984187831

**D. Other State Regulated Waste Activities:** **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

**10. Waste Codes for Federally Regulated Hazardous Wastes:** List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

1	D001	2	D002	3	D003	4	D004	5	F001	6	F002	7	F003
8	ALL	9	RCRA	10	WAST	11	CODE	12	ARE	13	TRAN	14	PORT
15	ED	16	BY	17	FCI	18		19		20		21	
22		23		24		25		26		27		28	

**11. Other Status Changes (Mark 'X' in all that apply):****A. Non-Handler of Regulated Waste at This Facility**

- (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- (2) Waste generated by business has been delisted.
- (3) Other (explain) \_\_\_\_\_

**B. Facility Closed**

- (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- (2) Out of Business - Business closed on \_\_\_\_\_ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

Contact \_\_\_\_\_ Phone \_\_\_\_\_

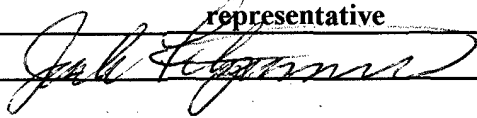
Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

 **C. Property Tax Default** **D. Petition for Bankruptcy Protection**

**12. Certification:** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative



Print Name and Title

Jack Fitzsimmons-Operations

Date Signed (mm-dd-yyyy)

01/20/2010

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

Jack Fitzsimmons

732-462-1001

jackfitz@freeholdcartage.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

**13. Comments:**